

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/702,324

FILING DATE

APPLICANT(S)

8/10/04

CLAIMS

APPLIED	AFTER				IND.	DER.	IND.	DER.	IND.	DER.
	1st AMENDMENT	2nd AMENDMENT	3rd AMENDMENT	4th AMENDMENT						
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	3		
13	/						63	3		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	3						77	/		
28	3						78	/		
29	3						79	/		
30	3						80	/		
31	3						81	/		
32	3						82	/		
33	3						83	/		
34	3						84	/		
35	3						85			
36	3						86			
37	3						87			
38	3						88			
39	3						89			
40	3						90			
41	3						91			
42	3						92			
43	3						93			
44	3						94			
45	3						95			
46	3						96			
47	3						97			
48	3						98			
49	3						99			
50	3						100			
TOTAL IND.	0						TOTAL IND.	7		
TOTAL DER.	0						TOTAL DER.	20		
TOTAL CLAIMS	0						TOTAL CLAIMS	27		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS